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## KMV and Friends Pet Sitting

*Your pet's other best friend*

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# Pet Guardianship

In the unfortunate event that something happens to you, please name who should be contacted to take over the care of your pet(s).

Please be sure the named person(s) is aware that you are appointing them as guardian(s) of your pet(s).

In the event of an emergency, which incapacitates me, I authorize KVM and Friends Pet Sitting to turn my pet(s) over to:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
Pet Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pet Owner Signature

\_\_\_\_\_  
Date